

Fill in this information to identify the case:Debtor name **Fizz & Bubble, LLC**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **19-34092-tmb11**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 946,909.07
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 946,909.07

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 11,668,990.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 310,140.99
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 2,040,327.79
4. Total liabilities Lines 2 + 3a + 3b	\$ 14,019,458.78

Fill in this information to identify the case:Debtor name **Fizz & Bubble, LLC**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **19-34092-tmb11**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Wells Fargo Bank -(as of 11/6/19)****Checking****2860****\$48,000.00**3.2. **Chase (as of 11/6/19)****Checking****9939****\$140.72****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$48,140.72**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

Debtor **Fizz & Bubble, LLC**
Name

Case number (If known) **19-34092-tmb11**

11a. 90 days old or less: 481,036.12 - 0.00 = \$481,036.12
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$481,036.12

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials Inventory - Raw Materials	11/20/19	\$100,000.00	cash	\$100,000.00
20.	Work in progress Inventory - Work in Progress	11/20/19	\$80,000.00	Cash	\$80,000.00
21.	Finished goods, including goods held for resale Inventory - Finished goods	11/20/19	\$120,000.00	Cash	\$120,000.00

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$300,000.00

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 2

Debtor Fizz & Bubble, LLC
Name

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- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furnishings - See attached Exhibit 1	\$0.00	Comparable sale	\$67,158.19
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office electronics, computers, printers & software - See attached Exhibit 2	\$0.00	Purchase Price	\$47,756.08
	Equipment - See attached Exhibit 3	\$0.00	Comparable sale	\$2,817.96
42.	Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$117,732.23
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

Debtor Fizz & Bubble, LLC
Name

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- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Trademark - Fizz & Bubble	\$0.00	Cash	\$0.00
	Trademark - Chill Beauty	\$0.00	Cash	\$0.00
61.	Internet domain names and websites www.fizzandbubble.com	\$0.00	Cash	\$0.00
	www.chillbeauty.com	\$0.00	Cash	\$0.00
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Customer List	\$0.00	Cash	\$0.00
	Market data bases	\$0.00	Cash	\$0.00
64.	Other intangibles, or intellectual property			
65.	Goodwill Goodwill	\$0.00	Cash	\$0.00
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?
Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Debtor Fizz & Bubble, LLC
Name

Case number (If known) 19-34092-tmb11

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**
Liberty Mutual Insurance - Commercial Auto Insurance
Acct #9460 **\$0.00**

Health Net of Oregon - Health Insurance - Acct #490A **\$0.00**

Superior Vision - Vision Insurance #9501 **\$0.00**

LifeMap - Dental Insurance Acct #7961 **\$0.00**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Star Funding **Unknown**

Nature of claim	Breach of Contract Claim
Amount requested	\$0.00

Net.Finance LLC, Mark Garrison and Nancy J. Kinney **Unknown**

Nature of claim	Negligence/Theft
Amount requested	\$0.00

NOWCFO **Unknown**

Nature of claim	Negligence/Breach of Contract
Amount requested	\$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11.** **\$0.00**
Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

Debtor Fizz & Bubble, LLC
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Case number (If known) 19-34092-tmb11

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$48,140.72</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$481,036.12</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$300,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$117,732.23</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$946,909.07</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$946,909.07</u>

Office Furnishings					
QTY	Brand	Model	Equipment Desc.	Unit Value	Total Value
6	Cosco	N/A	Cosco 6ft Folding Table - Black	\$ 46.49	\$ 278.94
12	Ergo Genesis	757	Ergo Genesis BodyBilt Midback Task Chair	\$ 999.00	\$ 11,988.00
15	Herman Miller	Ethospace	Tu W-pull small 2 drawer Grey Rolling Filing Cabinet/Pedestal	\$ 300.00	\$ 4,500.00
15	Herman Miller	Ethospace	Tu W-pull Large 2 drawer Grey Rolling Filing Cabinet/Pedestal	\$ 340.00	\$ 5,100.00
17	Herman Miller	Ethospace	Large Cubical - Window Wall, L-shape + Extension	\$ 1,000.00	\$ 17,000.00
1	HON	800 Series	HON 800 Series Five-Drawer Lateral File	\$ 899.99	\$ 899.99
1	Honeywell	812901	Honeywell Fire & Waterproof Safe Digital Lock .7 cu ft	\$ 139.99	\$ 139.99
1	Igloo	N/A	Igloo 3.2 cu ft Mini Fridge & Freezer	\$ 169.99	\$ 169.99
5	Ikea	Micke	Ikea Micke 3 Drawer File Cabinet	\$ 59.99	\$ 299.95
1	Ikea	N/A	Grey Sofa	\$ 599.00	\$ 599.00
8	Ikea	Linnmon	59x30 Gloss White Table Top with Legs	\$ 59.99	\$ 479.92
1	Ikea	Linnmon	78"x24" Brown Table Top with Legs	\$ 67.99	\$ 67.99
1	Ikea	Kallax	8-Cube White Storage Unit	\$ 69.99	\$ 69.99
2	Ikea	Vittsjo	4 tier glass shelf unit	\$ 79.99	\$ 159.98
1	Ikea	N/A	4 Seat White Leather Sectional	\$ 1,399.00	\$ 1,399.00
5	Ikea	Lack	Wall Shelf	\$ 59.99	\$ 299.95
1	Ikea	Vittsjo	Ikea Vittsjo 2 tier Shelf	\$ 59.99	\$ 59.99
1	Ikea	Bekant	Ikea Bekant Conference Table	\$ 529.00	\$ 529.00
4	Ikea	IDOLF	Black Chair	\$ 69.00	\$ 276.00
2	Ikea	IDOLF	White Chair	\$ 69.00	\$ 138.00
1	Ikea	Hektar	Floor Lamo	\$ 54.99	\$ 54.99
1	Ikea	Bjursta	Black Round Table	\$ 229.00	\$ 229.00
1	Ikea	Lerhamn	Black Table	\$ 99.00	\$ 99.00
1	Mainstays	N/A	6 Cube Storage Unit	\$ 29.99	\$ 29.99
3	N/A	N/A	White 2 Drawer wide File Cabinet	\$ 149.99	\$ 449.97
1	N/A	N/A	Black Mesh Back Support Office Chair	\$ 199.99	\$ 199.99
2	N/A	N/A	White Leather Futon	\$ 299.99	\$ 599.98
1	N/A	N/A	Brown Rolling Wide 2-Drawer File Cabinet	\$ 299.99	\$ 299.99
1	N/A	N/A	3 Seat White Leather Sectional Couch	\$ 600.00	\$ 600.00
1	Orbit	N/A	Orbit Table 24" Round - White Top	\$ 160.00	\$ 160.00
2	Pottery Barn	Aztec	AZTEC PEDESTAL DINING TABLE, 40"	\$ 799.00	\$ 1,598.00
1	Pottery Barn	N/A	12 Person Dark Wood Dining Table	\$ 1,000.00	\$ 1,000.00
1	Pottery Barn	N/A	White 12 Person Dining Table	\$ 400.00	\$ 400.00
26	Realspace	Winsley	Realspace Modern Mid-Back Office Chair, White/Silver	\$ 89.99	\$ 2,339.74
2	Realspace	Magellan	Realspace Magellan 59"W L-Shaped Desk, Espresso	\$ 319.99	\$ 639.98
2	Sofa Maina	N/A	White Designer Coffee Table	\$ 149.99	\$ 299.98
3	Sofa Maina	Nemo	Modern Nemo Futon	\$ 209.99	\$ 629.97
1	Sofa Maina	N/A	Black Designer Coffee Table	\$ 149.99	\$ 149.99
2	Sofa Mania	Maywood	Black Maywood Modern Tulip Chair	\$ 199.00	\$ 398.00
1	Sofa Mania	Maywood	White Maywood Modern Tulip Chair	\$ 199.00	\$ 199.00
1	Sofa Mania	N/A	Plush White Leather Chair	\$ 299.99	\$ 299.99
2	SteelCase	Tower	Grey Steel SteelCase Tower Wardrobe locker unit	\$ 1,000.00	\$ 2,000.00
1	Uline	H-617	Magnetic White Board	\$ 79.00	\$ 79.00
14	Uline	H-7119	48"x24"x72" Storage Shelf	\$ 180.00	\$ 2,520.00
4	Uline	H-7728	5'x3' Whiteboard	\$ 128.00	\$ 512.00
1	Uline	H-1840	6'x4' Whiteboard	\$ 175.00	\$ 175.00
3	Uline	H-7829	Single Pedestal Steel Desk	\$ 520.00	\$ 1,560.00
1	Uline	H-2489	16 Person Locker	\$ 658.00	\$ 658.00
3	Uline	H-3639	18 Person Locker	\$ 553.00	\$ 1,659.00
2	uline	h-2757	8'x4' Whiteboard	\$ 235.00	\$ 470.00
1	Varidesk	49836	Standup Desk	\$ 395.00	\$ 395.00
2	z gallerie	N/A	Designer White Gloss w/chrome Coffee Table	\$ 199.00	\$ 398.00
1	z gallerie	N/A	Gloss White & Chrome Designer Desk 60x30	\$ 399.00	\$ 399.00
1	z gallerie	N/A	Gloss White & Chrome Designer Desk 48x24	\$ 299.99	\$ 299.99
1	z gallerie	N/A	Gloss White & Chrome Designer End Table 48x24	\$ 199.99	\$ 199.99
1	z gallerie	N/A	Gloss White & Chrome Designer 3 Drawer File Cabinet	\$ 399.99	\$ 399.99
2	z gallerie	N/A	White Leather / Chrome Designer Chairs	\$ 149.99	\$ 299.98
1	Keter	N/A	Keter 74"x35"x18" Freestanding Utility Cabinet	\$ 175.00	\$ 175.00
Total:					\$ 67,158.19

Office Electronics					
QTY	Brand	Model	Equipment Desc.	Unit Value	Total Value
2	Acer	XC-704	Acer Aspire XC-704G Desktop	\$ 279.99	\$ 559.98
1	Acer	AZ3-715-ACKi5	Acer Aspire Z3-715 All in One Desktop	\$ 1,079.99	\$ 1,079.99
1	AOC	I2279VWHE	21" AOC Monitor	\$ 99.00	\$ 99.00
6	AOC	I2779	AOC 27in Led Monitor	\$ 219.99	\$ 1,319.94
1	Apple	PRO	Apple - MacBook Pro - 15" Display with Touch Bar - Intel Core i7	\$ 2,399.99	\$ 2,399.99
1	Apple	PRO 1TB	Apple - MacBook Pro - 15" Display with Touch Bar - Intel Core i7	\$ 2,799.99	\$ 2,799.99
1	Apple	Macbook Pro	2012 Macbook Pro 13"	\$ 350.00	\$ 350.00
1	Asus	Q505UA	Asus Laptop - i5	\$ 699.99	\$ 699.99
1	Asus	N/A	Asus Laptop - i7	\$ 899.99	\$ 899.99
1	Asus	VS228H-P	21 In Monitor	\$ 89.99	\$ 89.99
2	Brother	MFC-9130CW	Brother Laser Printer	\$ 284.99	\$ 569.98
4	Brother	QL-700	High Speed Thermal Label Printer	\$ 59.99	\$ 239.96
1	Brother	HL-L2380	Brother HL-L2380 Laser Printer	\$ 240.00	\$ 240.00
1	Cricut	Explore Air 2	Cricut Explore Air 2 Machine	\$ 199.99	\$ 199.99
1	Cyberpower	1500AVR	1500AVR UPS	\$ 149.99	\$ 149.99
2	DELL	SE2717HR	Dell 27" Monitor	\$ 139.99	\$ 279.98
1	Dell	I7573	Dell Inspiron 2 in 1 15.6 Laptop	\$ 599.99	\$ 599.99
1	Dell	Inspiron 2	Dell Inspiron 2 in 1 13.3 Laptop	\$ 850.99	\$ 850.99
1	Dlink	8-port	D-link 8-Port Gigabit Switch	\$ 19.99	\$ 19.99
1	Garmin	Drive 51 LM	Garmin GPS	\$ 135.98	\$ 135.98
1	Gateway	N/A	Gateway Desktop 8GB Memory 1TB HD	\$ 579.99	\$ 579.99
5	HP	ES27	27" Monitor	\$ 179.99	\$ 899.95
1	HP	15-DB0011DX	HP 15.6 in AMD A6 Laptop	\$ 239.99	\$ 239.99
3	HP	15-BS113DX	HP 15.6 in i3 Laptop	\$ 429.99	\$ 1,289.97
3	HP	15-BS015DX	HP 15.6 in i5 Laptop	\$ 529.00	\$ 1,587.00
3	HP	24-N014	HP Envy 24-N014 All in one Desktop	\$ 799.99	\$ 2,399.97
5	HP	MFP M277	HP LaserJet Pro MFP M277 Printer	\$ 289.99	\$ 1,449.95
1	HP	M477FNW	HP M477FNW LaserJet Pro Printer	\$ 619.00	\$ 619.00
2	Insignia	NS-55DR	55" 4k Roku Smart TV	\$ 379.99	\$ 759.98
1	Kario	100	Kiaro! 100 Professional Label Printer w/ roll rewind	\$ 8,999.99	\$ 8,999.99
2	Lenovo	N/A	Lenovo 23-inch Wide Flat-Panel LCD Monitor	\$ 199.99	\$ 399.98
1	LG	UK6190	70" LG Smark TV with Mount	\$ 839.98	\$ 839.98
1	LG	34UC88	34" Curved LG Monitor	\$ 999.00	\$ 999.00
2	LG	LG 27MK	27" LG LED Monitor	\$ 134.99	\$ 269.98
1	LG	31MU97-B	32in 4k Monitor	\$ 1,000.00	\$ 1,000.00
1	LG	49BL95C-W	49" 4k Curved Montior	\$ 1,299.99	\$ 1,299.99
16	Logitech	MK850	Wireless Mouse & Keyboard	\$ 59.99	\$ 959.84
1	Logitech	MX Master	Logitech MX Master Mouse	\$ 99.00	\$ 99.00
1	N/A	N/A	Custom Computer	\$ 999.99	\$ 999.99
7	Netgear	GS105	Netgear GS105 5port Gigabit Switch	\$ 37.99	\$ 265.93
1	Netgear	GS752TP	48 Port POE Gigabit Switch	\$ 529.99	\$ 529.99
1	Panasonic	NB-G110P	Panasonic FlashXpress NB-G110P	\$ 112.99	\$ 112.99
1	Sonicwall	TZ500	Sonicwall TZ500 Firewall	\$ 1,250.00	\$ 1,250.00
4	Specte	E248W	24" LED Monitor	\$ 109.99	\$ 439.96
1	TCL	4-Series	TLC 55" 4k Smart TV	\$ 349.99	\$ 349.99
1	Toshiba	N/A	65" Toshiba LED 4k TV	\$ 599.99	\$ 599.99
1	Ubiquiti	HD AC150	Amplifi Mesh Router System	\$ 349.99	\$ 349.99
2	Zebra	ZT410	Zebra ZT410 Industreal Thermal Barcode Printer	\$ 1,659.00	\$ 3,318.00
3	Zebra	GC420D	Direct Thermal Printer	\$ 300.00	\$ 900.00
2	Zmodo	N/A	Zmodo 4 Channel HD Wireless Cam System	\$ 179.99	\$ 359.98
Total:					\$ 47,756.08

Office Electronics					
QTY	Brand	Model	Equipment Desc.	Unit Value	Total Value
2	Acer	XC-704	Acer Aspire XC-704G Desktop	\$ 279.99	\$ 559.98
1	Acer	AZ3-715-ACKi5	Acer Aspire Z3-715 All in One Desktop	\$ 1,079.99	\$ 1,079.99
1	AOC	I2279VWHE	21" AOC Monitor	\$ 99.00	\$ 99.00
6	AOC	I2779	AOC 27in Led Monitor	\$ 219.99	\$ 1,319.94
1	Apple	PRO	Apple - MacBook Pro - 15" Display with Touch Bar - Intel Core i7	\$ 2,399.99	\$ 2,399.99
1	Apple	PRO 1TB	Apple - MacBook Pro - 15" Display with Touch Bar - Intel Core i7	\$ 2,799.99	\$ 2,799.99
1	Apple	Macbook Pro	2012 Macbook Pro 13"	\$ 350.00	\$ 350.00
1	Asus	Q505UA	Asus Laptop - i5	\$ 699.99	\$ 699.99
1	Asus	N/A	Asus Laptop - i7	\$ 899.99	\$ 899.99
1	Asus	VS228H-P	21 In Monitor	\$ 89.99	\$ 89.99
2	Brother	MFC-9130CW	Brother Laser Printer	\$ 284.99	\$ 569.98
4	Brother	QL-700	High Speed Thermal Label Printer	\$ 59.99	\$ 239.96
1	Brother	HL-L2380	Brother HL-L2380 Laser Printer	\$ 240.00	\$ 240.00
1	Cricut	Explore Air 2	Cricut Explore Air 2 Machine	\$ 199.99	\$ 199.99
1	Cyberpower	1500AVR	1500AVR UPS	\$ 149.99	\$ 149.99
2	DELL	SE2717HR	Dell 27" Monitor	\$ 139.99	\$ 279.98
1	Dell	I7573	Dell Inspiron 2 in 1 15.6 Laptop	\$ 599.99	\$ 599.99
1	Dell	Inspiron 2	Dell Inspiron 2 in 1 13.3 Laptop	\$ 850.99	\$ 850.99
1	Dlink	8-port	D-link 8-Port Gigabit Switch	\$ 19.99	\$ 19.99
1	Garmin	Drive 51 LM	Garmin GPS	\$ 135.98	\$ 135.98
1	Gateway	N/A	Gateway Desktop 8GB Memory 1TB HD	\$ 579.99	\$ 579.99
5	HP	ES27	27" Monitor	\$ 179.99	\$ 899.95
1	HP	15-DB0011DX	HP 15.6 in AMD A6 Laptop	\$ 239.99	\$ 239.99
3	HP	15-BS113DX	HP 15.6 in i3 Laptop	\$ 429.99	\$ 1,289.97
3	HP	15-BS015DX	HP 15.6 in i5 Laptop	\$ 529.00	\$ 1,587.00
3	HP	24-N014	HP Envy 24-N014 All in one Desktop	\$ 799.99	\$ 2,399.97
5	HP	MFP M277	HP LaserJet Pro MFP M277 Printer	\$ 289.99	\$ 1,449.95
1	HP	M477FNW	HP M477FNW LaserJet Pro Printer	\$ 619.00	\$ 619.00
2	Insignia	NS-55DR	55" 4k Roku Smart TV	\$ 379.99	\$ 759.98
1	Kario	100	Kiaro! 100 Professional Label Printer w/ roll rewind	\$ 8,999.99	\$ 8,999.99
2	Lenovo	N/A	Lenovo 23-inch Wide Flat-Panel LCD Monitor	\$ 199.99	\$ 399.98
1	LG	UK6190	70" LG Smark TV with Mount	\$ 839.98	\$ 839.98
1	LG	34UC88	34" Curved LG Monitor	\$ 999.00	\$ 999.00
2	LG	LG 27MK	27" LG LED Monitor	\$ 134.99	\$ 269.98
1	LG	31MU97-B	32in 4k Monitor	\$ 1,000.00	\$ 1,000.00
1	LG	49BL95C-W	49" 4k Curved Montior	\$ 1,299.99	\$ 1,299.99
16	Logitech	MK850	Wireless Mouse & Keyboard	\$ 59.99	\$ 959.84
1	Logitech	MX Master	Logitech MX Master Mouse	\$ 99.00	\$ 99.00
1	N/A	N/A	Custom Computer	\$ 999.99	\$ 999.99
7	Netgear	GS105	Netgear GS105 5port Gigabit Switch	\$ 37.99	\$ 265.93
1	Netgear	GS752TP	48 Port POE Gigabit Switch	\$ 529.99	\$ 529.99
1	Panasonic	NB-G110P	Panasonic FlashXpress NB-G110P	\$ 112.99	\$ 112.99
1	Sonicwall	TZ500	Sonicwall TZ500 Firewall	\$ 1,250.00	\$ 1,250.00
4	Specte	E248W	24" LED Monitor	\$ 109.99	\$ 439.96
1	TCL	4-Series	TLC 55" 4k Smart TV	\$ 349.99	\$ 349.99
1	Toshiba	N/A	65" Toshiba LED 4k TV	\$ 599.99	\$ 599.99
1	Ubiquiti	HD AC150	Amplifi Mesh Router System	\$ 349.99	\$ 349.99
2	Zebra	ZT410	Zebra ZT410 Industreal Thermal Barcode Printer	\$ 1,659.00	\$ 3,318.00
3	Zebra	GC420D	Direct Thermal Printer	\$ 300.00	\$ 900.00
2	Zmodo	N/A	Zmodo 4 Channel HD Wireless Cam System	\$ 179.99	\$ 359.98
Total:					\$ 47,756.08

Fill in this information to identify the case:

Debtor name **Fizz & Bubble, LLC**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) **19-34092-tmb11**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Bruce Wood, LLC <small>Creditor's Name</small> Attn: Bruce Wood 0932 SW Palatine Hill Rd. Portland, OR 97219 <small>Creditor's mailing address</small> glennsmith@yahoo.com <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Secured Note against all assets - Subordinated; Wholly unsecured Describe the lien Secured Note Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$300,000.00	\$0.00

2.2	Capital Funding ASAP, LLC <small>Creditor's Name</small> 695 Cross Street Lakewood, NJ 08701 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 9/19/19 (UCC FILED) Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien All Assets - Subordinated UCC #92032769 Describe the lien Marketplace Loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$217,125.00	\$0.00
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Debtor **Fizz & Bubble, LLC**
Name

Case number (if know) **19-34092-tmb11**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent
☐ Unliquidated
☐ Disputed

2.3 Connie Smith

Creditor's Name

**0932 SW Palatine Hill Rd
Portland, OR 97219**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**Secured Note against all assets -
Subordinated; Wholly unsecured**

\$50,000.00

\$0.00

Describe the lien

Secured Note

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 Decathlon Alpha III, LP

Creditor's Name

**Attn: John Borchers
1441 West Ute Blvd, Suite
240
Park City, UT 84098**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/21/18 (UCC Filed)

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**All Assets - First position
UCC #91676432**

\$9,000,000.00

\$946,909.07

Describe the lien

Revenue Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.5 Diane Humke

Creditor's Name

**32272 Apple Valley Rd
Scappoose, OR 97056**

Creditor's mailing address

dhumke@gmail.com

Describe debtor's property that is subject to a lien

**Secured Note against all assets -
Subordinated; Wholly unsecured**

\$100,000.00

\$0.00

Describe the lien

Secured Note

Is the creditor an insider or related party?

☒ No

Debtor **Fizz & Bubble, LLC**
Name

Case number (if know) **19-34092-tmb11**

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 **Erik Piper**

Creditor's Name

4032 SE Ogden Street
Portland, OR 97202

Creditor's mailing address

erikpiper@fizzandbubble.com

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$100,000.00

\$0.00

Secured Note against all assets - Subordinated; Wholly unsecured

Describe the lien

Secured Note

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7 **Kenneth Humke**

Creditor's Name

1432 SE 72nd Ave
Portland, OR 97015

Creditor's mailing address

dhumke@gmail.com

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$100,000.00

\$0.00

Secured Note against all assets - Subordinated; Wholly unsecured

Describe the lien

Secured Note

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.8 **Queen Funding, LLC**

Describe debtor's property that is subject to a lien

\$530,437.00

\$0.00

Debtor **Fizz & Bubble, LLC**
Name

Case number (if know) **19-34092-tmb11**

Creditor's Name

**Attn: Jordan Jenson
101 Chase Ave, Suite 208
Lake Wood, NJ 08701**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Secured Note against all assets - Subordinated; Wholly unsecured

Describe the lien

Marketplace Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.9

Unique Funding Solutions, LLC

Creditor's Name

**Attn: Jordan Jenson
2715 Coney Island Ave
Brooklyn, NY 11235**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Secured Note against all assets - Subordinated; Wholly unsecured

\$671,428.00

\$0.00

Describe the lien

Marketplace Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
0

Valerie Humke

Creditor's Name

**1919 NW 87th Circle
Vancouver, WA 98665**

Creditor's mailing address

dhumke@gmail.com

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien

Secured Note against all assets - Subordinated; Wholly unsecured

\$100,000.00

\$0.00

Describe the lien

Secured Note

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Fizz & Bubble, LLC**
Name

Case number (if know) **19-34092-tmb11**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
1

WG Fund, LLC

Creditor's Name

**Attn: Jordan Jenson
1980 Swarthmore Ave
Lakewood, NJ 08701**

Creditor's mailing address

jordan@capitalfundingasap.com

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$500,000.00

\$0.00

Secured Note against all assets - Subordinated; Wholly unsecured

Describe the lien

Marketplace Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$11,668,990.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Capital Funding ASAP LLC
125 Pearl St
New York, NY 10038**

Line 2.2

**Capital Funding ASAP, LLC
c/o Isaac Greenfield, Esq.
26 Broadway, Suite 375
New York, NY 10004**

Line 2.2

**Decathlon Alpha III, LP
c/o The Corporation Trust Company, RA
780 Commercial St SE Ste 100
Salem, OR 97301**

Line 2.4

**Decathlon Alpha III, LP
c/o The Corporation Trust Company, RA
Corp Trust Ctr - 1209 Orange St
Wilmington, DE 19801**

Line 2.4

Debtor **Fizz & Bubble, LLC**
Name

Case number (if know) **19-34092-tmb11**

Queen Funding, LLC
c/o Joe Liberman, Esq.
101 Chase Ave, Ste 208
Lakewood, NJ 08701

Line **2.8**

Fill in this information to identify the case:Debtor name **Fizz & Bubble, LLC**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **19-34092-tmb11**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Amaya, Daniel 1048 McKinley St Woodburn, OR 97071 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages: \$1,261.37 Non-Priority Sick & Vacation: \$208.00 Priority Sick & Vacation: \$1,222.00 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,691.37 \$2,483.37
2.2	Priority creditor's name and mailing address Anthony, Wesley 1425 SW Zurich St #304 Wilsonville, OR 97070 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages: \$1,543.00 Non-Priority Sick & Vacation: \$1,500.00 Priority Sick & Vacation: \$1,500.00 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,543.00 \$3,043.00

Debtor	Fizz & Bubble, LLC <small>Name</small>	Case number (if known)	19-34092-tmb11
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2.3	Priority creditor's name and mailing address Baldovinos, Jennifer 1824 32nd Ave NE Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$259.73	\$259.73
	Date or dates debt was incurred	Basis for the claim: Wages: \$259.73 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$0.00		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Baldovinos, Udelia 1824 32nd Ave NE Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,094.48	\$1,094.48
	Date or dates debt was incurred	Basis for the claim: Wages: \$1,001.73 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$92.75		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Barnes, Taylor 385 NW Lost Springs Ter Unit 305 Portland, OR 97229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,603.51	\$3,728.51
	Date or dates debt was incurred	Basis for the claim: Wages: \$1,853.51 Non-Priority Sick & Vacation: \$1,875.00 Priority Sick & Vacation: \$1,875.00		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Brown, Jordan 8736 SW Lodi Lane Portland, OR 97224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,267.70	\$4,906.73
	Date or dates debt was incurred	Basis for the claim: Wages: \$2,545.77 Non-Priority Sick & Vacation: \$2,360.96 Priority Sick & Vacation: \$2,360.96		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Fizz & Bubble, LLC Name	Case number (if known)	19-34092-tmb11
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2.7	Priority creditor's name and mailing address Chiquito Chavez, Claudia A 1300 N 2nd St Apartment B201 Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,397.31	\$1,092.56
	Date or dates debt was incurred	Basis for the claim: Wages: \$867.31 Non-Priority Sick & Vacation: \$304.75 Priority Sick & Vacation: \$225.25		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address City of Wilsonville 29799 SW Town Center Loop E Wilsonville, OR 97070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred	Basis for the claim: 2018/2019 Transit Tax		
	Last 4 digits of account number 4093	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Coria Molina, Jose 4495 Pacifica Way NE apartment 202 Salem, OR 97305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,080.50	\$1,539.00
	Date or dates debt was incurred	Basis for the claim: Wages: \$940.50 Non-Priority Sick & Vacation: \$541.50 Priority Sick & Vacation: \$598.50		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Cortez, Raquel 3614 Fisher Rd. NE Apt. #114 Salem, OR 97305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,097.11	\$1,313.11
	Date or dates debt was incurred	Basis for the claim: Wages: \$808.31 Non-Priority Sick & Vacation: \$784.00 Priority Sick & Vacation: \$504.80		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Fizz & Bubble, LLC <small>Name</small>	Case number (if known)	19-34092-tmb11
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2.11	Priority creditor's name and mailing address Cruz, Cynthia 1274 5th street Apt. #22-C Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,043.77	\$2,455.77
Date or dates debt was incurred		Basis for the claim: Wages: \$1,517.77 Non-Priority Sick & Vacation: \$588.00 Priority Sick & Vacation: \$938.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Etor, Oscar 3758 Amber St NE 102 Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,975.97	\$2,432.72
Date or dates debt was incurred		Basis for the claim: Wages: \$1,531.72 Non-Priority Sick & Vacation: \$543.25 Priority Sick & Vacation: \$901.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Etor, Violeta 3758 Amber St NE 102 Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,844.38	\$2,287.88
Date or dates debt was incurred		Basis for the claim: Wages: \$1,400.13 Non-Priority Sick & Vacation: \$556.50 Priority Sick & Vacation: \$887.75		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Fuller, Marty 7717 SE Ellis St Portland, OR 97206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,536.57	\$2,447.57
Date or dates debt was incurred		Basis for the claim: Wages: \$1,061.57 Non-Priority Sick & Vacation: \$1,089.00 Priority Sick & Vacation: \$1,386.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Fizz & Bubble, LLC <small>Name</small>	Case number (if known)	19-34092-tmb11
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2.15	Priority creditor's name and mailing address Garcia Garcia, Stephanie 19635 SW 67th Ave Tualatin, OR 97062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,180.85	\$1,180.85
Date or dates debt was incurred		Basis for the claim: Wages: \$1,180.85 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$0.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Garza, Irene 2233 Allan Ave Hubbard, OR 97032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,301.48	\$783.48
Date or dates debt was incurred		Basis for the claim: Wages: \$335.48 Non-Priority Sick & Vacation: \$518.00 Priority Sick & Vacation: \$448.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Graniti, Craig 1251 NW Meadows Dr McMinnville, OR 97128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,860.46	\$5,091.23
Date or dates debt was incurred		Basis for the claim: Wages: \$2,245.08 Non-Priority Sick & Vacation: \$1,769.23 Priority Sick & Vacation: \$2,846.15		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Gregory, Irma 353 Palm Avenue Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,037.34	\$2,507.34
Date or dates debt was incurred		Basis for the claim: Wages: \$1,540.09 Non-Priority Sick & Vacation: \$530.00 Priority Sick & Vacation: \$967.25		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.19	Priority creditor's name and mailing address Hannon, Makey 2222 SW Vermont St Portland, OR 97219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,122.87	\$3,738.87
Date or dates debt was incurred		Basis for the claim: Wages: \$1,464.87 Non-Priority Sick & Vacation: \$384.00 Priority Sick & Vacation: \$2,274.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Harris, Maggie 6814 SW 114th Ave Portland, OR 97266	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,636.81	\$7,029.54
Date or dates debt was incurred		Basis for the claim: Wages: \$3,422.27 Non-Priority Sick & Vacation: \$3,607.27 Priority Sick & Vacation: \$3,607.27		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Hart, Zac 7340 SE Division St Portland, OR, OR 97206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,555.87	\$1,555.87
Date or dates debt was incurred		Basis for the claim: Wages: \$1,225.87 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$330.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Hernandez, Angelica 4872 Nicks CT NE Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,529.39	\$1,827.14
Date or dates debt was incurred		Basis for the claim: Wages: \$1,005.64 Non-Priority Sick & Vacation: \$702.25 Priority Sick & Vacation: \$821.50		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23	Priority creditor's name and mailing address Hernandez, Denise 4872 Nicks CT NE Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$711.89	\$711.89
	Date or dates debt was incurred	Basis for the claim: Wages: \$89.14 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$622.75		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Hernandez, Joselyn 1580 Newberg Hwy Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,384.34	\$1,384.34
	Date or dates debt was incurred	Basis for the claim: Wages: \$796.84 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$587.50		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Holterman, Glenn PO Box 941 Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,575.26	\$2,552.26
	Date or dates debt was incurred	Basis for the claim: Wages: \$1,529.26 Non-Priority Sick & Vacation: \$1,023.00 Priority Sick & Vacation: \$1,023.00		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address IRS Attn: Attorney General of United States 10th Constitution NW #4400 Washington, DC 20530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Precautionary		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.27	Priority creditor's name and mailing address IRS Attn: Civil Process Clerk U.S. Attorney, District of Oregon 1000 SW 3rd, #600 Portland, OR 97204-2936	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Precautionary Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address IRS Centralized Insolvency Operation P. O. Box 7346 Philadelphia, PA 19101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Precautionary Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address Kraskov, Varvara 32636 S Meridian Rd Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,659.51 \$2,262.01
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages: \$963.51 Non-Priority Sick & Vacation: \$397.50 Priority Sick & Vacation: \$1,298.50 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address Lamm, Shaunessi 4224 SE 29th Ave Portland, OR 97202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,096.66 \$4,366.26
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages: \$2,635.86 Non-Priority Sick & Vacation: \$1,730.40 Priority Sick & Vacation: \$1,730.40 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.31	Priority creditor's name and mailing address Lute, Jason 1 River Loft Apt 79 Tualatin, OR 97062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,273.08	\$1,660.33
Date or dates debt was incurred		Basis for the claim: Wages: \$456.20 Non-Priority Sick & Vacation: \$612.75 Priority Sick & Vacation: \$1,204.13		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Machic De Satey, Maria 669 Young St Apt 404 Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,674.22	\$2,051.47
Date or dates debt was incurred		Basis for the claim: Wages: \$819.22 Non-Priority Sick & Vacation: \$622.75 Priority Sick & Vacation: \$1,232.25		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Maratas, Gertrudes 2040 Carleton Way NE Salem Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,097.09	\$2,540.59
Date or dates debt was incurred		Basis for the claim: Wages: \$1,599.84 Non-Priority Sick & Vacation: \$556.50 Priority Sick & Vacation: \$940.75		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Maravilla, Alexandria 450 S Pine St Apt G104 Canby, OR 97013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,214.89	\$2,077.39
Date or dates debt was incurred		Basis for the claim: Wages: \$1,142.39 Non-Priority Sick & Vacation: \$137.50 Priority Sick & Vacation: \$935.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.35	Priority creditor's name and mailing address Martinez, Miguel 29527 SW Meadows Loop Apt 16 Wilsonville, OR 97070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,500.38	\$1,258.13
Date or dates debt was incurred		Basis for the claim: Wages: \$403.13 Non-Priority Sick & Vacation: \$242.25 Priority Sick & Vacation: \$855.00		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.36	Priority creditor's name and mailing address Martinez, Salomon 3497 Linda St Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,691.61	\$1,870.11
Date or dates debt was incurred		Basis for the claim: Wages: \$545.11 Non-Priority Sick & Vacation: \$821.50 Priority Sick & Vacation: \$1,325.00		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address Mateo, Norma 350 Sycamore Ave Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$242.08	\$242.08
Date or dates debt was incurred		Basis for the claim: Wages: \$242.08 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$0.00		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address Monroy, Jesus 7762 SW Roanoke Dr Wilsonville, OR 97070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,562.45	\$2,032.45
Date or dates debt was incurred		Basis for the claim: Wages: \$1,330.20 Non-Priority Sick & Vacation: \$530.00 Priority Sick & Vacation: \$702.25		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.39	Priority creditor's name and mailing address Nelson, Maria Carmen 25604 SW Canyon Creek Rd T102 Wilsonville, OR 97070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,621.68	\$1,251.18
	Date or dates debt was incurred	Basis for the claim: Wages: \$823.68 Non-Priority Sick & Vacation: \$370.50 Priority Sick & Vacation: \$427.50		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address ODR ATTN: Bankruptcy Unit 955 Center St NE Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Precautionary		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address ODR c/o Ellen Rosenblum, Attorney General Oregon Department of Justice 1162 Court St, NE Salem, OR 97301-4096	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Precautionary		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address Ortiz, Juan 624 Tierra Drive NE Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$351.85	\$351.85
	Date or dates debt was incurred	Basis for the claim: Wages: \$351.85 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$0.00		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.43	Priority creditor's name and mailing address Palmero, Dayana 3033 Stortz Ave NE Salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,274.69	\$1,775.94
Date or dates debt was incurred		Basis for the claim: Wages: \$920.94 Non-Priority Sick & Vacation: \$498.75 Priority Sick & Vacation: \$855.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Perez Figueroa, Marta 3809 48th Ave Ne Salem, OR 97305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,980.62	\$2,693.62
Date or dates debt was incurred		Basis for the claim: Wages: \$1,484.62 Non-Priority Sick & Vacation: \$1,287.00 Priority Sick & Vacation: \$1,209.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address Perez Rivas, Michell K. 119 Elma Ave SE Salem, OR 97317	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$373.82	\$373.82
Date or dates debt was incurred		Basis for the claim: Wages: \$373.82 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$0.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Phillips, Jamie 3101 Aldersgate Dr Newberg, OR 97132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,048.28	\$2,058.28
Date or dates debt was incurred		Basis for the claim: Wages: \$1,068.28 Non-Priority Sick & Vacation: \$990.00 Priority Sick & Vacation: \$990.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address Poll, Sharisa 12061 SW Tualatin Rd #532 Tualatin, OR 97062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$247.82	\$247.82
	Date or dates debt was incurred	Basis for the claim: Wages: \$247.82 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$0.00		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.48	Priority creditor's name and mailing address Polushkin, Kelina 8018 Waconda RD NE Salem, OR 97305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,094.95	\$1,568.45
	Date or dates debt was incurred	Basis for the claim: Wages: \$663.95 Non-Priority Sick & Vacation: \$526.50 Priority Sick & Vacation: \$904.50		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	Priority creditor's name and mailing address Pua, Cynthia PO Box 1432 Wilsonville, OR 97070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,077.12	\$2,310.12
	Date or dates debt was incurred	Basis for the claim: Wages: \$1,130.12 Non-Priority Sick & Vacation: \$767.00 Priority Sick & Vacation: \$1,180.00		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	Priority creditor's name and mailing address Pua, Sammy PO Box 1432 Wilsonville, OR 97070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,038.37	\$2,297.37
	Date or dates debt was incurred	Basis for the claim: Wages: \$1,100.37 Non-Priority Sick & Vacation: \$741.00 Priority Sick & Vacation: \$1,197.00		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.51	Priority creditor's name and mailing address Radilla, Robert 428 5th St. Dayton, OR 97114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$177.92 \$177.92
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages: \$177.92 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$0.00	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.52	Priority creditor's name and mailing address Rickard, Beckie 835 SE 1st Ave Canby, OR 97013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,856.48 \$2,254.48
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages: \$1,694.48 Non-Priority Sick & Vacation: \$602.00 Priority Sick & Vacation: \$560.00	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.53	Priority creditor's name and mailing address Rodriguez, Brian 509 N Harrison St Newberg, OR 97132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,590.82 \$3,606.82
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages: \$2,790.82 Non-Priority Sick & Vacation: \$984.00 Priority Sick & Vacation: \$816.00	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.54	Priority creditor's name and mailing address Romero, Jose 415 Toliver Rd E1 Molalla, OR 97038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,410.02 \$1,330.52
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages: \$919.77 Non-Priority Sick & Vacation: \$79.50 Priority Sick & Vacation: \$410.75	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.55	Priority creditor's name and mailing address Romero, Luis 415 Toliver Rd E1 Molalla, OR 97038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,410.02	\$1,330.52
Date or dates debt was incurred		Basis for the claim: Wages: \$919.77 Non-Priority Sick & Vacation: \$79.50 Priority Sick & Vacation: \$410.75		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56	Priority creditor's name and mailing address Rudolph, Kim 2236 NW Pinnacle Drive Portland, OR 97229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,500.00	\$6,500.00
Date or dates debt was incurred		Basis for the claim: Wages: \$6,500.00 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$0.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.57	Priority creditor's name and mailing address Sanchez Gallardo, Blanca 250 S Locust St Apt 8 Canby, OR 97013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,712.86	\$2,182.86
Date or dates debt was incurred		Basis for the claim: Wages: \$1,732.36 Non-Priority Sick & Vacation: \$530.00 Priority Sick & Vacation: \$450.50		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.58	Priority creditor's name and mailing address Sanchez, Avidan 13944 Hito Ln NE Aurora, OR 97002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,809.17	\$1,809.17
Date or dates debt was incurred		Basis for the claim: Wages: \$1,309.17 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$500.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.59	Priority creditor's name and mailing address Satey - Machic, Ana 669 Young street Apt 404 Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,810.57	\$2,201.07
	Date or dates debt was incurred	Basis for the claim: Wages: \$823.07 Non-Priority Sick & Vacation: \$609.50 Priority Sick & Vacation: \$1,378.00		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.60	Priority creditor's name and mailing address Satey Machic, Catarina 669 Young street Apt 404 Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,896.14	\$2,336.14
	Date or dates debt was incurred	Basis for the claim: Wages: \$936.14 Non-Priority Sick & Vacation: \$560.00 Priority Sick & Vacation: \$1,400.00		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.61	Priority creditor's name and mailing address Sevariano Bailon, Alejandro 19635 SW 67th Ave Tualatin, OR 97062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,180.85	\$1,180.85
	Date or dates debt was incurred	Basis for the claim: Wages: \$1,180.85 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$0.00		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.62	Priority creditor's name and mailing address Simmons, Jonathan 1916 Warner St salem, OR 97301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,267.42	\$1,750.67
	Date or dates debt was incurred	Basis for the claim: Wages: \$1,353.17 Non-Priority Sick & Vacation: \$516.75 Priority Sick & Vacation: \$397.50		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.63	Priority creditor's name and mailing address Small, Mark 28440 Highland Circle Wilsonville, OR 97070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,022.10	\$2,154.10
Date or dates debt was incurred		Basis for the claim: Wages: \$950.10 Non-Priority Sick & Vacation: \$868.00 Priority Sick & Vacation: \$1,204.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.64	Priority creditor's name and mailing address Snegirev, Lisa 30330 S Molalla Avenue Molalla, OR 97038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,607.46	\$2,156.96
Date or dates debt was incurred		Basis for the claim: Wages: \$1,163.21 Non-Priority Sick & Vacation: \$450.50 Priority Sick & Vacation: \$993.75		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.65	Priority creditor's name and mailing address Soto, Hisabel 988 Alder Lane Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,881.92	\$1,266.92
Date or dates debt was incurred		Basis for the claim: Wages: \$141.92 Non-Priority Sick & Vacation: \$615.00 Priority Sick & Vacation: \$1,125.00		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.66	Priority creditor's name and mailing address State of Oregon Employment Dept. 875 Union Street NE Salem, OR 97311	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
Date or dates debt was incurred		Basis for the claim: 2018/2019 Employment Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.67	Priority creditor's name and mailing address State of Oregon Dept of Consumer & Business Svcs PO Box 14480 Salem, OR 97309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Precautionary <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.68	Priority creditor's name and mailing address State of Oregon BOLI 800 NE Oregon St., Ste 1045 Portland, OR 97232	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$113,250.82	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Assigned wage claims <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.69	Priority creditor's name and mailing address Stenzel, Larry 1200 NE Territorial Rd #53 Canby, OR 97002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,077.62	\$2,494.62
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages: \$1,633.37 Non-Priority Sick & Vacation: \$583.00 Priority Sick & Vacation: \$861.25 <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.70	Priority creditor's name and mailing address Topete, Gabriela 4557 Shipps PL NE Salem, OR 97305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,414.59	\$2,295.34
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages: \$784.84 Non-Priority Sick & Vacation: \$119.25 Priority Sick & Vacation: \$1,510.50 <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.71	Priority creditor's name and mailing address Torres, Jessica 753 Leasure Street Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,039.47	\$3,206.97
	Date or dates debt was incurred	Basis for the claim: Wages: \$1,079.47 Non-Priority Sick & Vacation: \$832.50 Priority Sick & Vacation: \$2,127.50		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.72	Priority creditor's name and mailing address Valdovinos, Erik 259 S Sequoia Parkway Apt C20 Canby, OR 97013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,691.66	\$3,557.09
	Date or dates debt was incurred	Basis for the claim: Wages: \$1,384.10 Non-Priority Sick & Vacation: \$1,134.57 Priority Sick & Vacation: \$2,172.99		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.73	Priority creditor's name and mailing address Valdovinos, Juan 3809 48th Ave NE Salem, OR 97305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$896.66	\$896.66
	Date or dates debt was incurred	Basis for the claim: Wages: \$870.16 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$26.50		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.74	Priority creditor's name and mailing address Valdovinos, Kelsey 3809 48th Ave NE Salem, OR 97305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,654.41	\$2,203.91
	Date or dates debt was incurred	Basis for the claim: Wages: \$988.88 Non-Priority Sick & Vacation: \$450.50 Priority Sick & Vacation: \$1,215.03		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.75	Priority creditor's name and mailing address Valdovinos-Perez, Yesenia 4495 Pacifica Way NE Apt #202 Salem, OR 97305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,493.03	\$2,395.03
Date or dates debt was incurred		Basis for the claim: Wages: \$1,279.03 Non-Priority Sick & Vacation: \$1,098.00 Priority Sick & Vacation: \$1,116.00		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.76	Priority creditor's name and mailing address Vasquez, Guadencio 669 Young Street #403 Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,743.55	\$1,187.05
Date or dates debt was incurred		Basis for the claim: Wages: \$233.05 Non-Priority Sick & Vacation: \$556.50 Priority Sick & Vacation: \$954.00		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.77	Priority creditor's name and mailing address Vasquez, Herminia 669 Young Street #403 Woodburn, OR 97071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,096.06	\$1,539.56
Date or dates debt was incurred		Basis for the claim: Wages: \$241.06 Non-Priority Sick & Vacation: \$556.50 Priority Sick & Vacation: \$1,298.50		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.78	Priority creditor's name and mailing address Whitehouse, Daniel PO Box 82582 Portland,, OR 97282	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,156.87	\$2,386.87
Date or dates debt was incurred		Basis for the claim: Wages: \$916.87 Non-Priority Sick & Vacation: \$770.00 Priority Sick & Vacation: \$1,470.00		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.79	Priority creditor's name and mailing address Wilson, Matthew 3330 Panorama Drive Redding, CA 96003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000.00	\$5,000.00
	Date or dates debt was incurred	Basis for the claim: Wages: \$5,000.00 Non-Priority Sick & Vacation: \$0.00 Priority Sick & Vacation: \$0.00		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.80	Priority creditor's name and mailing address Yang, Samantha 236 Burl St Newberg, OR 97132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,039.37	\$2,588.87
	Date or dates debt was incurred	Basis for the claim: Wages: \$1,237.37 Non-Priority Sick & Vacation: \$450.50 Priority Sick & Vacation: \$1,351.50		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Advanced Process Systems 508 Danby Ct Petaluma, CA 94954 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,690.00
3.2	Nonpriority creditor's name and mailing address Alliance Packaging 6415 NE Jacobson St. Hillsboro, OR 97124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,660.32
3.3	Nonpriority creditor's name and mailing address Arctic Glacier PO Box 856530 minneapolis, MN 55485 Date(s) debt was incurred _____ Last 4 digits of account number <u>0965</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00

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3.4	Nonpriority creditor's name and mailing address Ariba, Inc. PO Box 642962 Pittsburgh, PA 15264 Date(s) debt was incurred ____ Last 4 digits of account number <u>9102</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor - Portal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,788.22
3.5	Nonpriority creditor's name and mailing address Astro Nova PO Box 842554 Boston, MA 02284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,914.24
3.6	Nonpriority creditor's name and mailing address Batory Foods Dept LA 24922 Pasadena, CA 91185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,309.72
3.7	Nonpriority creditor's name and mailing address Bullard Law 200 SW Market Street, Suite 1900 Portland, OR 97201 Date(s) debt was incurred ____ Last 4 digits of account number <u>9142</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,866.39
3.8	Nonpriority creditor's name and mailing address Bullard Law 200 Market Street, Suite 1900 Portland, OR 97201 Date(s) debt was incurred ____ Last 4 digits of account number <u>9141</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Lawyers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.50
3.9	Nonpriority creditor's name and mailing address Bullivant Houser Bailey PC Attn: John Kreutzer 888 SW 5th Ave # 300 Portland, OR 97204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,567.00
3.10	Nonpriority creditor's name and mailing address Cascade Fruit Marketing 30470 SW Parkway Ave Ste A Wilsonville, OR 97070 Date(s) debt was incurred ____ Last 4 digits of account number <u>3786</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,045.00

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3.11	Nonpriority creditor's name and mailing address Chempoint 411 108th Ave NE Bellevue, WA 98004 Date(s) debt was incurred _ Last 4 digits of account number 5004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,098.26
3.12	Nonpriority creditor's name and mailing address Clear Bags 4949 Windplay Dr. #100 El Dorado Hills, CA 95762 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,755.09
3.13	Nonpriority creditor's name and mailing address Comcast Business 5970 PO Box 37601 Philadelphia, PA 19101 Date(s) debt was incurred _ Last 4 digits of account number 5970	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility/Phones Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$753.55
3.14	Nonpriority creditor's name and mailing address Container and Packaging 1345 East State Street Eagle, ID 83616 Date(s) debt was incurred _ Last 4 digits of account number 0239	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,763.59
3.15	Nonpriority creditor's name and mailing address Coulter Printing 8855 SW Holly Ln suite 112 Wilsonville, OR 97070 Date(s) debt was incurred _ Last 4 digits of account number 2668	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,962.15
3.16	Nonpriority creditor's name and mailing address Craftsman Label 13101 SE 84th Ave Suite B Clackamas, OR 97015 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$731.38
3.17	Nonpriority creditor's name and mailing address Crossmark PO Box 844403 Dallas, TX 75284 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,294.38

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3.18	Nonpriority creditor's name and mailing address Culligan Portland 3728 E Longfellow Ave Suite 1 Spokane, WA 99217 Date(s) debt was incurred ____ Last 4 digits of account number 6529	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor - Precautionary Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.19	Nonpriority creditor's name and mailing address De Lage landen 1111 Old Eagle School Rd Wayne, PA 19087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Additional Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.20	Nonpriority creditor's name and mailing address Direct Link PO Box 880 Canby, OR 97013 Date(s) debt was incurred ____ Last 4 digits of account number 5500	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility/Internet Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.14
3.21	Nonpriority creditor's name and mailing address Elena Foley Consulting 10104 NW Engleman St Portland, OR 97229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Consultant Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,725.00
3.22	Nonpriority creditor's name and mailing address Ernest Packaging Solutions 9255 NE Alderwood Rd Portland, OR 97220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Judgment Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.23	Nonpriority creditor's name and mailing address Estes PO Box 25612 Richmond, VA 23260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor/judgment Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,058.30
3.24	Nonpriority creditor's name and mailing address Excel Packaging 11799 Jersey Boulevard Rancho Cucamonga, CA 91730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,970.00

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3.25	Nonpriority creditor's name and mailing address Experis 10260 SW Greenburg Rd Suite 500 Portland, OR 97223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Legal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,783.14
3.26	Nonpriority creditor's name and mailing address Express Services PO Box 4427 Portland, OR 97208 Date(s) debt was incurred ____ Last 4 digits of account number <u>2201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor - judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$451,703.10
3.27	Nonpriority creditor's name and mailing address Fasttrack Export 3145 Medlock Bridge Rd Norcross, GA 30071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
3.28	Nonpriority creditor's name and mailing address Fed Ex PO Box 7221 Pasadena, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number <u>9974</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$932.44
3.29	Nonpriority creditor's name and mailing address First Choice Coffee Company 313 SE Yamhill Portland, OR 97214 Date(s) debt was incurred ____ Last 4 digits of account number <u>2554</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Coffee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.03
3.30	Nonpriority creditor's name and mailing address Frank Recruitment Group 110 William St Fl 21 New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,500.00
3.31	Nonpriority creditor's name and mailing address Frontier Labels 340 Interstate Blvd Greenville, SC 29615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,377.25

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3.32	Nonpriority creditor's name and mailing address GeffenMesher 888 SW 5th Ave, Suite 800 Portland, OR 97204 Date(s) debt was incurred ____ Last 4 digits of account number 6617	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accountants Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.33	Nonpriority creditor's name and mailing address Genesis Specialty Alkali LLC PO Box 91334 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number 8584	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,123.14
3.34	Nonpriority creditor's name and mailing address Golson Scruggs 10998 SW 68th Parkway Portland, OR 97223 Date(s) debt was incurred ____ Last 4 digits of account number 7930	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.00
3.35	Nonpriority creditor's name and mailing address Harsch Investment Property 1620 SW Taylor, Suite 300 Portland, OR 97205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Rent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,000.00
3.36	Nonpriority creditor's name and mailing address Health Net of Oregon PO Box 749393 Los Angeles, CA 97070 Date(s) debt was incurred ____ Last 4 digits of account number 490A	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Health Ins. - Precautionary Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.37	Nonpriority creditor's name and mailing address IDL Worldwide PO Box 536642 Pittsburg, PA 15253 Date(s) debt was incurred ____ Last 4 digits of account number 9738	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,387.66
3.38	Nonpriority creditor's name and mailing address IPT PO Box 206918 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number 3866	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor/Legal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129,737.62

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3.39	Nonpriority creditor's name and mailing address JDR Consulting 13175 SW Dartmoor Ct Beaverton, OR 97008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,500.25
3.40	Nonpriority creditor's name and mailing address Jogue PO Box 190 Northville, MI 48167 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,242.20
3.41	Nonpriority creditor's name and mailing address Jungbunzlauer PO Box 845899 Boston, MA 02284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,760.00
3.42	Nonpriority creditor's name and mailing address Klaviyo Inc 225 Franklin St Boston, MA 02110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.43	Nonpriority creditor's name and mailing address Liberty Mutual Insurance PO Box 85834 San Diego, CA 92186 Date(s) debt was incurred ____ Last 4 digits of account number <u>9460</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commercial/Auto Ins - Precautionary</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.44	Nonpriority creditor's name and mailing address LifeMap PO BOX 1650 Milwaukee, WI 53201 Date(s) debt was incurred ____ Last 4 digits of account number <u>7961</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dental Ins. - Precautionary</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.45	Nonpriority creditor's name and mailing address LTK LLC 5648 Evans Valley Loop Road NE Silverton, OR 97381 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,971.55

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3.46	Nonpriority creditor's name and mailing address Lucks P.O. Box 84192 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number 8124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,907.14
3.47	Nonpriority creditor's name and mailing address Material Flow & Conveyor 21150 Butteville Rd NE Donald, OR 97020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,385.00
3.48	Nonpriority creditor's name and mailing address Michael Scot Krueger 21 Hunter Point Pomona, CA 91766 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Contract ex employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,133.66
3.49	Nonpriority creditor's name and mailing address Molalla Sanitary Service Inc 820 7th St Oregon City, OR 97045 Date(s) debt was incurred ____ Last 4 digits of account number 9000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$362.18
3.50	Nonpriority creditor's name and mailing address Now CFO 5251 S Green Street, Suite 350 Murray, UT 84123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Legal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185,015.00
3.51	Nonpriority creditor's name and mailing address OMEP 7650 SW Beveland Street, Suite 170 Portland, OR 97223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Legal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105,000.00
3.52	Nonpriority creditor's name and mailing address OpenText 29144 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number 7882	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Portal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,083.69

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3.53	Nonpriority creditor's name and mailing address ORC International 902 Carnegie Center, Suite 200 Princeton, NJ 08540 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,200.00
3.54	Nonpriority creditor's name and mailing address Oswego Fiancial Services 0932 SW Palatine Hill Road Portland, OR 97219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98,356.25
3.55	Nonpriority creditor's name and mailing address Pacific Trading Inland, INC PO Box 786 Gladstone, OR 97027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Shipping Compnay</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,812.85
3.56	Nonpriority creditor's name and mailing address Personnel Concepts Compliance Service Dept PO Box 5750 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number <u>6662</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$691.05
3.57	Nonpriority creditor's name and mailing address PGE PO Box 4438 Portland, OR 97208 Date(s) debt was incurred ____ Last 4 digits of account number <u>5045</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,730.15
3.58	Nonpriority creditor's name and mailing address PGE PO Box 4438 Portland, OR 97208 Date(s) debt was incurred ____ Last 4 digits of account number <u>2723</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility (Molalla Site)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,348.37
3.59	Nonpriority creditor's name and mailing address PGE P.O. Box 4438 Portland, OR 97208 Date(s) debt was incurred ____ Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,004.79

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3.60	Nonpriority creditor's name and mailing address Practical Baker 600 Chippewa Rd Harvard, IL 60033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,920.75
3.61	Nonpriority creditor's name and mailing address Precision Products 281 Young Harris St Suite D PMB 273 Blairsville, GA 30512 Date(s) debt was incurred ____ Last 4 digits of account number <u>2602</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,546.61
3.62	Nonpriority creditor's name and mailing address Premier Press 5000 N Basin Ave Portland, OR 97217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,240.50
3.63	Nonpriority creditor's name and mailing address Pride Disposal Company PO Box 820 Sherwood, OR 97140 Date(s) debt was incurred ____ Last 4 digits of account number <u>7925</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility/Garbage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$856.86
3.64	Nonpriority creditor's name and mailing address Professional Image 12437 East 60th Street Tulsa, OK 74146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal - Precautionary</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.65	Nonpriority creditor's name and mailing address Republic Services 10295 SW Ridder Road Wilsonville, OR 97070 Date(s) debt was incurred ____ Last 4 digits of account number <u>7834</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,620.20
3.66	Nonpriority creditor's name and mailing address Republic Services PO Box 455 Pheonix, AZ 85062 Date(s) debt was incurred ____ Last 4 digits of account number <u>9650</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility/Garbage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$519.60

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3.67	Nonpriority creditor's name and mailing address Robert Hass Accounting Firm 21925 Field Parkway Suite 100 Deer Park, IL 60010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Garbage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
3.68	Nonpriority creditor's name and mailing address Rose City Label Co. 7235 SE Label Ln Portland, OR 97206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.69
3.69	Nonpriority creditor's name and mailing address RPG 119 West 57th Street New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,219.20
3.70	Nonpriority creditor's name and mailing address S&M Moving Systems PO Box 30846 Dept. 9046 Salt Lake City, UT 84130 Date(s) debt was incurred ____ Last 4 digits of account number <u>A701</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,120.00
3.71	Nonpriority creditor's name and mailing address Shay & Company 10639 SE Fuller Rd Milwaukie, OR 97222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,724.50
3.72	Nonpriority creditor's name and mailing address Sidebar Legal 890 Cypress Avenue Redding, CA 96001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,530.28
3.73	Nonpriority creditor's name and mailing address Slamm Designs 4224 SE 29th Ave Portland, OR 97202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,770.00

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3.74	Nonpriority creditor's name and mailing address Superior Vision PO Box 841343 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number 9501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vision Insurance - Precautionary Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.75	Nonpriority creditor's name and mailing address Supply Source 12402 SE Jennifer St. #190 Clackamas, OR 97015 Date(s) debt was incurred ____ Last 4 digits of account number 0200	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,534.00
3.76	Nonpriority creditor's name and mailing address Taurus Power & Controls 9999 SW Avery St Tualatin, OR 97062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$846.00
3.77	Nonpriority creditor's name and mailing address Tonkon Torp LLP 888 SW 5th Ave Portland, OR 97204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,626.00
3.78	Nonpriority creditor's name and mailing address Toyota Industries Commercial Finance Inc PO Box 9050 Flower Mound, TX 75022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Additional Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.79	Nonpriority creditor's name and mailing address TRACO Manufacturing, Inc. 620 South 1325 West Orem, UT 84058 Date(s) debt was incurred ____ Last 4 digits of account number 0412	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,741.32
3.80	Nonpriority creditor's name and mailing address Tractenberg 116 East 16th Street 2nd floor New York, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor/Legal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,775.36

Name

3.81	Nonpriority creditor's name and mailing address Tricor Brands 7931 NE Halsey St #101 Portland, OR 97213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202,803.93
3.82	Nonpriority creditor's name and mailing address Tyler Smith & Associates P.C. 181 N Grant St. STE 212 Canby, OR 97013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,881.50
3.83	Nonpriority creditor's name and mailing address Uline PO Box 88741 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number <u>4268</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,598.29
3.84	Nonpriority creditor's name and mailing address Univar Inc. PO Box 409692 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,850.13
3.85	Nonpriority creditor's name and mailing address UPS Freight 28013 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number <u>Y41R</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,494.81
3.86	Nonpriority creditor's name and mailing address Visstun Cups & Containers 6355 Sunset Corporate Dr Las Vegas, NV 89120 Date(s) debt was incurred ____ Last 4 digits of account number <u>U322</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,195.44
3.87	Nonpriority creditor's name and mailing address Wincrest Bulk Foods PO Box 44 Munnsville, NY 13409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.57

Debtor **Fizz & Bubble, LLC**
Name

Case number (if known) **19-34092-tmb11**

3.88 Nonpriority creditor's name and mailing address

**YRC Freight
PO Box 730375
Dallas, TX 75373**

Date(s) debt was incurred _

Last 4 digits of account number **5490**

As of the petition filing date, the claim is: Check all that apply.

\$3,297.51

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.89 Nonpriority creditor's name and mailing address

**Zepak Corp.
9740 Hillman Court, Suite 220
Wilsonville, OR 97070**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$0.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor - Precautionary**

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Davis Galm Law Firm c/o Paul C. Galm, Esq 12220 SW First St Beaverton, OR 97005	Line 3.22 <input type="checkbox"/> Not listed. Explain _____	—
4.2	De Lage Landen Financial Services, Inc. c/o Corporation Service Company R/A 1127 Broadway St. Ste 310 Salem, OR 97301	Line 3.19 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Toyota Industries Commercial Finance Inc c/o C T Corporation System, RA 780 Commercial St SE Ste 100 Salem, OR 97301	Line 3.78 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 310,140.99
5b. +	\$ 2,040,327.79
5c.	\$ 2,350,468.78

Fill in this information to identify the case:Debtor name **Fizz & Bubble, LLC**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **19-34092-tmb11**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease of main office located at 27120 SW 95th Ave, Ste 3280, Wilsonville, OR;**

State the term remaining

List the contract number of any government contract

**Harsch Investment Property
1620 SW Taylor, Suite 300
Portland, OR 97205**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease of Hobart A-200 Mixer S/N 31-1204-870 and accessories and Hobart A-200 Mixer S/N 31-1203-712; contract dated 8/6/18; \$326.51 per month.**

State the term remaining **46 months**List the contract number of any government contract **N/A****Hitachi Capital
7808 Creekridge Circle Ste 250
Edina, MN 55439**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease of Floor Mixer and Bun Sheet; \$857.70 per month.**

State the term remaining

List the contract number of any government contract

**Hitachi Capital
7808 Creekridge Circle Ste 250
Edina, MN 55439**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Contract for Pre-Payment of goods in the amount of \$1,800,000.00; as of 12/3/19 goods still due in the amount of \$269,948.83.**

State the term remaining

**Kohl's
N56 W17000 Ridgewood Dr.
Menomonee Falls, WI 53051**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.5. State what the contract or lease is for and the nature of the debtor's interest

Lease of Doosan S/N FBA11239001304 and Hannibal Pallet Racking (Forklift); contract dated 6/2/17; \$633.17 per month.

State the term remaining

36 Months

List the contract number of any government contract _____

N/A

**Lease Direct
De Lage Landen Financial
PO Box 41602
Philadelphia, PA 19101**

2.6. State what the contract or lease is for and the nature of the debtor's interest

Lease of Doosan Material Handling Machine (Forklift) S/N FBA031350-01623; contract dated 2/5/19; \$417.87 per month (includes late fees); normal payment is \$396.66 per month

State the term remaining

31 Months

List the contract number of any government contract _____

**Lease Direct
De Lage Landen Financial
PO Box 41602
Philadelphia, PA 19101**

2.7. State what the contract or lease is for and the nature of the debtor's interest

Lease of Konica Minolta C754e Copier System and Pitney Bowes DM125 Mailing Machine; contract dated 5/4/17; \$531.00 per month plus overage fees.

State the term remaining

31 months

List the contract number of any government contract _____

N/A

**Pacific Office Automation
14747 NW Greenbrier Pkwy
Beaverton, OR 97006**

2.8. State what the contract or lease is for and the nature of the debtor's interest

Lease of Seal A Tron Shrink Wrap Machine; contract dated 6/18/18; \$2,055.52 per month.

State the term remaining

44 months

List the contract number of any government contract _____

N/A

**Pawnee Leasing
3801 Automation Way Ste 207
Fort Collins, CO 80525**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.9. State what the contract or lease is for and the nature of the debtor's interest

Lease of 2019 International Dura Star 4300 SADC Dryvan Morgan Aluminum; contract dated 11/22/17; \$1352.40 per month plus gas. 30 months

State the term remaining

List the contract number of any government contract

N/A

**Penske Truck Leasing
PO Box 7429
Pasadena, CA 91109-7429**

2.10. State what the contract or lease is for and the nature of the debtor's interest

Lease of 2018 Subaru Forester Vin # contract dated 10/27/17; \$296.55 per month; matures 10/27/20 12 months

State the term remaining

List the contract number of any government contract

**Subaru
PO Box 78058
Phoenix, AZ 85062**

2.11. State what the contract or lease is for and the nature of the debtor's interest

Lease of Toyota Pallet Jack Model 8HBW23 S/N 31173; contract dated 2/19/19; \$129.82 per month. 28 months

State the term remaining

List the contract number of any government contract

N/A

**Toyota Commercial Finance
PO Box 660926
Dallas, TX 75266-0926**

2.12. State what the contract or lease is for and the nature of the debtor's interest

Lease of 2019 Toyota Tundra Truck Vin #7393; contract dated 3/19/19; \$683.39 per month. 27 months

State the term remaining

List the contract number of any government contract

N/A

**Toyota Financial Services
PO Box 9490
Cedar Rapids, IA 52409**

2.13. State what the contract or lease is for and the nature of the debtor's interest

Lease of warehouse located at 10778 SW Manhasset Dr, Tualatin, OR; Month to Month

State the term remaining

List the contract number of any government contract

**Tualatin Industrial Ventures
c/o Chad M. Stokes, Esq
Cable Huston LLP
1455 SW Broadway, Ste 1500
Portland, OR 97201**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.14.

State what the contract or lease is for and the nature of the debtor's interest

Lease of Date Coder; contract dated 1/18/18; \$627.00 per month.

State the term remaining

39 months

List the contract number of any government contract

N/A

Video Jet
1500 N Mittel Blvd
Wood Dale, IL 60191

Debtor **Fizz & Bubble, LLC**

Case number (if known) **19-34092-tmb11**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Kimberly Ann Mitchell	27120 SW 95th Ave Ste 3280 Wilsonville, OR 97070	WG Fund, LLC	<input checked="" type="checkbox"/> D <u>2.11</u>
				<input type="checkbox"/> E/F _____
				<input type="checkbox"/> G _____

Fill in this information to identify the case:Debtor name **Fizz & Bubble, LLC**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **19-34092-tmb11**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Beau Bain**
27120 SW 95th Ave
Ste 3280
Wilsonville, OR 97070

Capital Funding
ASAP, LLC

☒ D **2.2**
☐ E/F _____
☐ G _____

2.2 **Kimberly Ann Mitchell**
27120 SW 95th Ave
Ste 3280
Wilsonville, OR 97070

Capital Funding
ASAP, LLC

☒ D **2.2**
☐ E/F _____
☐ G _____

2.3 **Kimberly Ann Mitchell**
27120 SW 95th Ave
Ste 3280
Wilsonville, OR 97070

Decathlon Alpha III,
LP

☒ D **2.4**
☐ E/F _____
☐ G _____

2.4 **Kimberly Ann Mitchell**
27120 SW 95th Ave
Ste 3280
Wilsonville, OR 97070

Unique Funding
Solutions, LLC

☒ D **2.9**
☐ E/F _____
☐ G _____

Fill in this information to identify the case:

Debtor name **Fizz & Bubble, LLC**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) **19-34092-tmb11**

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 4, 2019**

X /s/ Kimberly Ann Mitchell

Signature of individual signing on behalf of debtor

Kimberly Ann Mitchell

Printed name

Sole Member, Chief Creative Officer

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Fizz & Bubble, LLC**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **19-34092-tmb11**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2019** to **Filing Date****Sources of revenue**

Check all that apply

☐ Operating a business☒ Other **Gross Income****Gross revenue**

(before deductions and exclusions)

\$7,611,022.40**For prior year:**From **1/01/2018** to **12/31/2018**☐ Operating a business☒ Other **Gross Income****\$14,009,029.69****For year before that:**From **1/01/2017** to **12/31/2017**☐ Operating a business☒ Other **Gross Income****\$14,590,599.14****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer***Check all that apply*

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Unique Funding Solutions, LLC Attn: Jordan Jenson 2715 Coney Island Ave Brooklyn, NY 11235	8/1/19 - 10/31/19	\$58,550.58	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.2. WG Fund, LLC Attn: Jordan Jenson 1980 Swarthmore Ave Lakewood, NJ 08701	8/1/19 - 10/31/19	\$176,700.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. Capital Funding ASAP, LLC 695 Cross Street Lakewood, NJ 08701	8/1/19 - 10/31/19	\$85,322.20	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Lease Direct De Lage Landen Financial PO Box 41602 Philadelphia, PA 19101	ACH from bank account Last 4 digits of account number: ____	12/3/19	\$25.00
Lease Direct De Lage Landen Financial PO Box 41602 Philadelphia, PA 19101	ACH from bank account Last 4 digits of account number: ____	12/4/19	\$596.63

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Hitachi Capital 7808 Creekridge Circle Ste 250 Edina, MN 55439	ACH from bank account Last 4 digits of account number: _____	12/3/19	\$1,438.92
Hitachi Capital 7808 Creekridge Circle Ste 250 Edina, MN 55439	ACH from bank account Last 4 digits of account number: _____	12/3/19	\$3,638.22
Lease Direct De Lage Landen Financial PO Box 41602 Philadelphia, PA 19101	ACH from bank account Last 4 digits of account number: _____	11/19/19	\$633.17
Lease Direct De Lage Landen Financial PO Box 41602 Philadelphia, PA 19101	ACH from bank account Last 4 digits of account number: _____	11/14/19	\$25.00

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Summit Staffing Solutions, Inc. v. Fizz & Bubble, LLC, Beau Bain, LLC and Craig Barnes 18CV10048	Breach of Contract	Clackamas County Circuit Court Oregon City, OR 97045	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	Fizz & Bubble, LLC v. Net.Finance LLC, Mark Garrison and Nancy J. Kinney 19CV40212	Injunctive Relief, Breach of Contract, Tortious Interference, Misappropriation of Trade Secrets	Clackamas County Circuit Court Oregon City, OR 97045	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Ernest Packaging Solutions, Inc. v. Fizz & Bubble, LLC 19CV14976	Account & Breach of Contract	Clackamas County Circuit Court Oregon City, OR 97045	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	Beauty Consultants & Strategists, LLC v. Fizz & Bubble LLC 19CV51533	Action on account	Clackamas County Circuit Court Oregon City, OR 97045	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.5.	NOW CFO Portland, LLC v. Fizz & Bubble, LLC 19-CV20343	Breach of Contract	Washington County Circuit Court Hillsboro, OR 97123	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.6.	Estes Express Lines v. Fizz & Bubble, LLC 760CL18006351-00	Breach of Credit Application, Pricing Agreement and Transportation Contracts, Quantum Meruit/Unjust Enrichment	Richmond City Circuit Court Civil Division 400 North 9th St Richmond, VA 23219	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer?
Address

Description of property transferred or
payments received or debts paid in exchange

Date transfer
was made

Total amount or
value

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor provides

If debtor provides meals
and housing, number of
patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and
Address

Last 4 digits of
account number

Type of account or
instrument

Date account was
closed, sold,
moved, or
transferred

Last balance
before closing or
transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Warehouse 20551 SW Wildrose Place Sherwood, OR 97140	Kimberly Mitchell	Inventory and WIP - Unit is now empty	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26a.1. **Rudolph, Kim**
2236 NW Pinnacle Drive
Portland, OR 97229

May 2019 to Current

26a.2. **Wilson, Matthew**
3330 Panorama Drive
Redding, CA 96003

Sept 2019 to Current

26a.3. **Cori Johnson**
c/o Klein Munsinger, LLC
600 NW Naito Pkwy Ste G
Portland, OR 97209

June 2018 -
September 2018

26a.4. **Trevor Dierickx**

26a.5. **Now CFO**
Cori Johnson
5251 S Green St Ste 350
Salt Lake City, UT 84123

6/14/17 - September
2018

26a.6. **Net Finance, LLC**
Mark Garrison
13429 SW HILLSHIRE DR
Portland, OR 97223

Sept 2018-Sept 2019

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Decathlon Alpha III, LP**
Attn: John Borchers
1441 West Ute Blvd, Suite 240
Park City, UT 84098

26d.2. **Interstate Credit**
651 Canyon Dr Ste 105
Coppell, TX 75019

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Kimberly Ann Mitchell	27120 SW 95th Ave Ste 3280 Wilsonville, OR 97070	Owner	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

30.1 **Kimberly Ann Mitchell**
27120 SW 95th Ave
Ste 3280
Wilsonville, OR 97070

\$180,000 (estimated)

During last 12 months

Salary

Relationship to debtor
Owner

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 4, 2019**

/s/ Kimberly Ann Mitchell

Signature of individual signing on behalf of the debtor

Kimberly Ann Mitchell

Printed name

Position or relationship to debtor **Sole Member, Chief Creative Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes